

# PLAYER WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

I, the undersigned player, acknowledge, agree and understand that:

1. Voluntarily and of my own free will, I elect to participate as a member of the volleyball team and league indicated below.
2. I understand that there are certain risks and hazards involved in participating in volleyball that may result in injury or death to me or other players, including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants.
3. I understand that the very nature of the game of volleyball is hazardous and risky, including, but not limited to, the acts of shooting, throwing and catching, running, jumping, stretching, diving, and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players.

Further, I, the undersigned player, agree that in consideration for the right to play as a member of the team designated below and in consideration for permission to play on the court arranged for by the team or league:

1. I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as a team member during practice or play by other teams or by other players on my team, and (c) while on or upon the premises of any and all of the courts arranged for by my team or league for practice or play.
2. I release, discharge and agree not to sue the team and league designated below, the court owner or other entity designated below, the City of College Station, the officials (referees) for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.

I acknowledge that I have read and that I understand each and every one of the above provisions in this waiver, release of liability and indemnification agreement and agree to abide by them.

## City of College Station Adult Volleyball League Official Add-Drop Form

Team Name \_\_\_\_\_

Coach/Manager \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Print/Type Name of Player	Email Address	City	(H) Number	Player's Signature
1 _____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____
5 _____	_____	_____	_____	_____
6 _____	_____	_____	_____	_____
7 _____	_____	_____	_____	_____
8 _____	_____	_____	_____	_____

Date \_\_\_\_\_ Received By \_\_\_\_\_ Accepted \_\_\_\_\_

O:VBADDDROP